

INTRODUCTION

Domestic and international terrorism are not new to the United States. Examples of other terrorist events that have captured the nation's attention include:

- February 26, 1993. A massive explosion at New York's World Trade Center resulted in six casualties and more than 1,000 people injured.
- April 15, 1995. The Alfred P. Murrah Building bombing occurred in Oklahoma City. At the time, it was the deadliest terrorist event on American soil, resulting in 168 deaths, including 19 children. In addition, 853 people were injured, 30 children were orphaned, 219 children lost a parent, and 400 individuals were left homeless. The entire nation was deeply touched by this tragedy and outraged that an American had committed this act of terrorism. America's Heartland fell victim to one of its own; America struggled to comprehend the incomprehensible. The State of Oklahoma received funding from Federal Emergency Management Agency (FEMA) and the Office for Victims of Crime to administer Project Heartland, a crisis-counseling program for victims of the bombing.
- July 1996. A pipe-bombing disrupted the Atlanta Olympics.
- September 11, 2001 (9/11). Terrorists perpetrated the most heinous attack on American soil ever experienced in the history of the United States. The horrifying attack on and collapse of the World Trade Center resulted in thousands of deaths. In Northern Virginia, the Pentagon sustained major damage with three of its five rings penetrated. The human toll involved the death of 189 individuals, including 64 persons onboard American Airlines flight 77. Consequently, the Commonwealths of Virginia and Massachusetts, the states of New Jersey, Connecticut, and New York, and the District of Columbia received funding from FEMA to operate crisis-counseling projects.

The Community Resilience Project (CRP) of Northern Virginia was established through a FEMA grant to provide crisis counseling services through January 2004. It was administered through the Commonwealth of Virginia's Department of Mental Health, Mental Retardation, and Substance Abuse Services, and by the Community Services Boards of the City of Alexandria and the counties of Arlington, Fairfax, and Loudoun. This training is based on the experiences of the CRP disaster mental health workers.

Since 9/11, the residents of Northern Virginia have experienced cumulative trauma as a result of events that are still unfolding. The terrorist disaster that began 9/11 cannot be characterized as a single event. Rather, it has encompassed a series of terrorist threats and actions designed to provoke widespread fear and anxiety among

We often heard people say that the Community Resilience Project was evidence that the federal, state, and local governments cared about the emotional and practical needs of the people in our community. The presence and work of the outreach workers helped the community feel supported and cared for so that individually they could be strong.

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citizens in Virginia and across the nation. As a result, the CRP not only responded to the attack on the Pentagon. Its counselors have responded to the ongoing series of events since 9/11, including the anthrax attacks, various hate crimes, the sniper attacks, continued threats of terrorism, and the war on terrorism.

As the fear of bioterrorism in the form of smallpox was looming, a new threat in the form of the deadly virus, Severe Acute Respiratory Syndrome (SARS), invaded our area. There was serious concern about the virus affecting people in Northern Virginia as persons traveling from or through the infected countries flew into and out of Dulles International and Reagan National, Northern Virginia's two major airports. The continued media coverage of these events kept them very fresh in Northern Virginians' minds, which further instilled fear and concern that the next event was right around the corner.

The ongoing threat from current and future terrorist activities has led many otherwise healthy people to experience sustained anxiety manifested as fear, anger, and irritability. The people of the Commonwealth of Virginia have been exposed to a series of traumatic events that have left many of them experiencing grief, terror of death, disruption of daily life, anxiety, helplessness, uncertainty, and anger.

Underneath there was a lot of pain, a lot of frustration, a lot of fear, a lot of anxiety... There was almost a psychological fatigue that set in... There was really no time to heal... There were so many things all at once: 9/11, anthrax, the sniper, the war, the high alert... Our phones really started ringing, and people started coming in. When we started talking to them, it wasn't just about those events... it was this long term "When is this going to end?" and "When are we going to get a break so we can heal?" type of thing. So that was one of the things that was so hard to deal with.

Table 1 illustrates the range of traumatic events that have affected Northern Virginia since 9/11.

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Table 1. Community Traumatic Events

Event	2001				2002					2003		
	Sep	Oct	Nov	Dec	Jan	Mar	Sep	Oct	Dec	Feb	Mar	Apr
9/11 Attack on Pentagon												
Anthrax mail attacks												
War on Terrorism												
Terror Alert System												
Terror Alert raised												
Terror Alert lowered												
Anniversary of 9/11												
Sniper attacks												
Smallpox inoculations												
SARS												

Terrorism

The basic law of terrorism is that even the smallest threat can ripple out to touch people a thousand miles away. The basic goal of psychological interventions is to understand the traumatic impact of terrorism and to use that understanding to minimize and contain the ripple effect within the individual, community, and our nation.

——American Psychological Association Report on the Oklahoma City Bombing, 1997

What makes an act of terrorism so very different from a natural disaster is the intent behind it—to harm, kill, and scare defenseless people to deliver a message for political, religious, or sociocultural purposes. Coping with these acts can set off a chain of psychological events culminating in feelings of fear, anger, helplessness, vulnerability, and grief.

Terrorism has been defined, as follows:

An activity that involves a violent act or an act of dangerousness to human life that is in violation of the criminal laws of the United States, or of any State ... and that appears to be intended to intimidate or coerce a civilian population ... or to influence the policy of government by assassination or kidnapping.

——Department of Justice [18 U.S.C. 3077]

Terrorism is differentiated in terms of domestic and international terrorism.:

Domestic terrorism involves groups or individuals whose terrorist activities are directed at elements of our government or population without foreign direction.

——Federal Bureau of Investigation
www.fbi.gov

International terrorism involves groups or individuals whose terrorist activities are foreign-based and/or directed by countries or groups outside the United States or whose activities transcend national boundaries.

——Central Intelligence Agency
www.cia.gov

Both domestic and international terrorism affect the whole community and its impact can have long-term and widespread effects. Terrorism can have physical, emotional, and financial impacts, which can be exacerbated by existing factors or conditions. Therefore, this training is for the benefit of those who may be deployed to provide psychological first aid at a terrorist disaster site, as well as for any professional or paraprofessional who may provide mental health services to individuals affected by terrorism, including direct and indirect survivors.

The Role of Disaster Mental Health Workers

The role of the disaster mental health worker as well as the location and types of services that will be offered after a terrorism event are defined by the type and impact of the event. Terrorism may move some disaster mental health workers to the role of a first responder. The mental health response to terrorism is community-based. Services may be provided in a family service center where family members find out the status of their loved ones, at the site, and at various locations throughout the community. A disaster mental health worker may be asked to provide basic services, such as bringing clean water and clothing to the first responders and survivors at the site or in a family service center. During the immediate phase, providing support is often what is most needed. A disaster mental health worker also may need to do rapid assessments, provide immediate counseling services, and outreach, or even participate in death notifications.

The experience, training, and qualities that disaster mental health workers possess make them uniquely qualified to provide counseling and supportive services immediately after terrorist events. These qualities include flexibility, sensitivity, the ability to set and respect boundaries, and a commitment to helping people.

Regardless of the event or of the role of the disaster mental health worker, one thing that will be important is helping individuals and communities heal by building their resilience skills—their ability to recover from tragedy.

About This Training

This manual is part of a larger training kit that was developed to better prepare mental health professionals and paraprofessionals about the early phases of the response to a terrorist or mass trauma event. While much of the information may be applicable both to a terrorist event and to a natural disaster, this training kit is intended for use in preparation and response to an act of terrorism. It provides training and information on:

- How to prepare for terrorism (Module 1)
- How terrorism affects individuals and communities and what to expect at the site of a terrorist attack (Module 2)
- What services and interventions may be appropriate during the initial response to a terrorist event (Module 3)
- How to understand and respond to the mental health needs of different populations (Module 4)
- How to communicate effectively during emergency and crisis situations (Module 5)
- How to care for the mental health and safety of disaster mental health workers (Module 6)
- How to manage an effective mental health program by planning and preparing staff (Module 7)

- How paraprofessionals can use their strengths to provide a range of practical services and basic psychological support (Module 8)

The information is presented in a modular format. While each module is a stand-alone training piece, disaster mental health workers are encouraged to experience the modules in the order in which they appear because the information in each module builds on previous modules. (The last two modules were designed for specific audiences, e.g., Module 7 trains managers and supervisors; Module 8 trains mental health paraprofessionals).

Large-scale mental health or crisis counseling projects for terrorism have only recently been funded in the United States. Because little information has been available about mental health related to terrorist disasters, CRP staff used information from mental health data and resources related to *natural* disasters, and tailored it to meet the often very different needs of individuals and communities affected by a terrorism event. Much of the information presented in this manual is adapted from existing mental health publications related to natural disasters, and reflects ways in which Community Resilience Project staff adapted that existing information for the mental health response to 9/11.

The field of mental health response to terrorism is evolving quickly as many federal and state agencies, and private organizations are beginning to collect and analyze information about the psychological impact of terrorism. As more data becomes available about what to expect and the best ways to help people heal, disaster mental health workers will be able to expand their knowledge about terrorism. *Helping to Heal: A Training on Mental Health Response to Terrorism* is among the first of its kind to share information, knowledge, and experiences of those who have provided mental health responses to individuals and communities affected by terrorism. The CRP staff hopes that disaster mental health workers will find this training useful and encourages them to continue learning as new information becomes available.

One of the most important things that came out of 9/11 is the government's very public and then well-resourced commitment to doing planning so that [we] would not have to go through the same kind of scenario should there be another incident that would affect [us] similarly.

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Definitions of Frequently Used Terms

Mental health professional—A social worker, psychologist, psychiatrist, or other licensed or credentialed mental health provider. A mental health professional may work in a private practice or with a county/city government agency.

Mental health paraprofessional—An individual who alleviates the pain and distress of affected groups and individuals during a response effort, but is not a licensed or credentialed mental health provider.

Disaster mental health worker—Either a mental health professional or paraprofessional who provides disaster mental health services.

Victim—An individual who has experienced the immediate impact of a terrorist event.

Survivor—An individual who has experienced the impact of a terrorist event either indirectly or directly.

We are, as a people, trying to determine what the new “normal” is. Will we keep on experiencing the things that we have experienced? Will we ever get our equilibrium back? And, you know, I think we will. I don’t know exactly what it will be like, but I think we will. I think we must face the future eager to take on what life brings us and really face the future with the “glass half full” mentality. If you look back at the struggles that we have endured over the last 50 years in our country’s history, we’ve come through some horrible, bad times before...And we will come through these times, and we will find what the new “normal” is for us as a people.

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